

Conclusions: Our findings show that patients with SMD can improve their lifestyle behaviors with appropriate support. There is the need to implement similar interventions clinical practice to reduce the mortality gap in patients with SMD.

Disclosure of Interest: None Declared

O0038

The relationship of the child's externalizing and internalizing symptoms with the parent's maladaptive schemas and attachment style

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Introduction: According to recent studies, there is a relationship between the parent-child attachment style and the child's externalizing and internalizing problems. However, the parent's maladaptive schemas were not examined in this relationship before.

Objectives: We aimed to examine the relationship between parents' maladaptive schemas, well-being, their attachment to their child, and the parent's perception of the child's symptoms.

Methods: In our cross-sectional, non-clinical study, 442 parents of children between the ages of 22 and 57 completed the Young Schema Questionnaire (YSQ), Experiences in Close Relationships Questionnaire (ECR), Strength and Difficulties Questionnaire (SDQ) and WHO Well-being Questionnaire (WBI-5). We conducted four mediator analyses. We chose the emotional deprivation schema subscale as the independent variable and attachment anxiety and attachment avoidance subscales as mediators, while the models differed in the dependent variables. We chose the SDQ externalizing symptoms, internalizing symptoms, prosociality subscale, and WHO well-being questionnaire as dependent variables.

Results: The mediation analyses proved to be significant. Emotional deprivation had significant effect on the parent's attachment anxiety ($a_1 = 0.01$, $p < .001$), avoidance ($a_2 = 0.32$, $p = .002$) and on the parent's well-being ($c_1 = -0.12$, $p < .001$), while emotional deprivation was not associated with externalizing symptoms ($c_2 = 0.002$, $p = .25$), internalizing symptoms ($c_3 = 0.001$, $p = .53$) and prosociality ($c_4 = 0.01$, $p = .26$). However, the indirect effects of emotional deprivation through attachment anxiety were significant in case of internalizing symptoms ($a_1b_5 = 0.03$ [0.02 – 0.05]), prosociality ($a_1b_8 = -0.004$ [-0.01 – -0.0002]) and well-being ($a_1b_1 = -0.017$ [-0.03 – -0.005]). Furthermore, the indirect effects of emotional deprivation through attachment avoidance were significant in case of internalizing symptoms ($a_2b_6 = 0.009$ [0.002 – 0.02]) and prosociality ($a_2b_8 = -0.007$ [-0.01 – -0.0002]). While the indirect effects of emotional deprivation through attachment anxiety ($a_1b_3 = 0.007$ [-0.001 – 0.02]) and avoidance ($a_2b_4 = 0.0001$ [-0.006 – 0.006]) on externalizing symptoms were not significant. The indirect effects of emotional deprivation through attachment avoidance on the parent's well-being were not significant ($a_2b_2 = -0.002$ [-0.01 – 0.006]).

Conclusions: Our results - taking into account the limitations - suggest that there is a relationship between the parent's emotional deprivation schema and the child's internalizing symptoms, prosociality, and the parent's well-being through the parent-child

attachment pattern. Attachment style and maladaptive schema have no effect on externalizing symptoms. These results may also have practical implications.

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O0039

Supported employment: the fundamental adjuvant in the treatment of mental illness

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Introduction: Recent scientific evidence confirms that employability is extremely important in mental health care. Employment promotes a healthy lifestyle and unemployment leads to a global deterioration in health. This principle is transversal to all areas of health, applying equally to people with mental illness, including serious mental illness such as schizophrenia and bipolar affective disorder.

Objectives: Highlight the importance of employability in the treatment and rehabilitation process of people with mental illness.

Methods: PubMed database searched using the terms “supported employment” and “mental health” and “policies”.

Results: Parallel to conventional psychiatric treatments, employment generates self-confidence, promotes social responsibility, a sense of belonging and, consequently, integration in the community. From an economic point of view, it brings financial autonomy to the sick person, allowing the financing of their own accommodation, the payment of proposed treatments and the enjoyment of structures and leisure activities that until then would be impossible. It is also known that patients who are employed are less likely to resort to psychiatric emergency services and have a lower rate of readmissions to psychiatric hospitals, reflecting a better ability to manage the disease. Overall, employability increases the sick person's quality of life, not only being an effective short-term treatment, but also one of the only interventions that reduce dependence on the health system in the long term.

Conclusions: The treatment plan should aim for more than the suppression of symptoms.

Knowing that employment generates positive outcomes, gets that as fundamental parameter for the treatment and for the rehabilitation of the person with mental illness, and it must therefore become essential that mental health services help patients to find satisfactory jobs and that protect your needs.

Thus, mental health policies should defend a new mental health treatment paradigm and emphasize employment as an imperative measure in the treatment and psychosocial rehabilitation of the sick person, including supported employment as an essential part of treatment.

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